



Women and AIDS: Journeys of courage and compassion

Working with AIDS is a journey. Rarely are the roads smooth and straight. Rather they wind, they are bumpy and filled with potholes, and both the route and destination are different from what you expect.

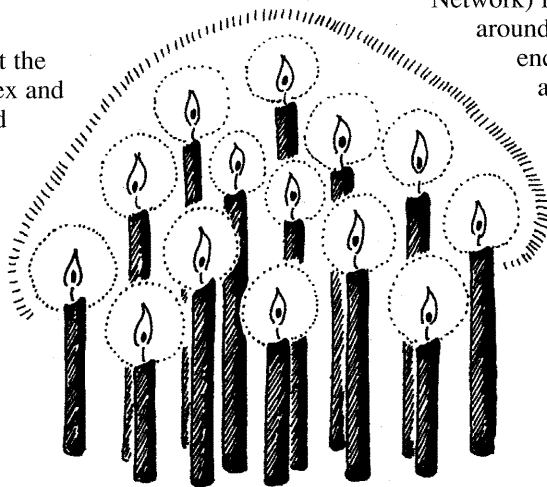
This is how my journey began. "Mom, this is what Amon's Dad looks like," said my 10-year old son James, pointing at a photo in a magazine. James had pulled out an old *Time* or *Newsweek*, with a photo essay depicting the photographer's view of people with AIDS. Amon was James' best friend, and his family lived around the corner from us in Lusaka, Zambia, where our family was working with MCC. Amon's father, who had received a master's degree in Edmonton, was a senior civil servant in the Ministry of Agriculture. He died a few weeks later, and for the first time we were part of the grief of a family losing a loved one to AIDS. Little did I know how that experience would impact my life several years later, when I worked with MCC British Columbia.

My assignment as AIDS education coordinator for MCC B.C. began in September 1990. Since AIDS in Africa is largely spread heterosexually, as it is in much of the world, I did not perceive AIDS as a "gay" disease. I learned very early on that AIDS does not discriminate; it affects two kinds of people—women and men. How it is spread is not so much the issue as how we respond.

I also learned early in the assignment that the challenges of AIDS education are complex and mired in controversy. Misinformation and

misconceptions abound. When even renowned scientists and researchers debate the origins and progression of HIV/AIDS, it becomes difficult for us as Christians to sift through to the essence, the critical issues. The challenges of working with HIV/AIDS are immense, but so are the rewards. My life has been blessed and touched by the lives of women and men *infected* with HIV and all those affected by the virus. I am reminded of Tracey, a former drug addict, hooker and exotic dancer, whose life was transformed after her HIV diagnosis. Brenda, a beautiful Native woman with HIV infection, tells of contemplating suicide. Her young son's beating at her bathroom door brought her back from the brink of death. She now is determined to live, for his sake. Then there are the wives, mothers, sisters, daughters and friends, who are caregivers, nurturers and often the breadwinners in the family.

Women in Africa have challenged me with their responses to the overwhelming burden brought about by the AIDS epidemic. In Uganda a missionary found a young woman, dying of AIDS-related causes, and her elderly father, trying to care for a large extended family of children. All other adult relatives had already died. He asked how he could assist. Her wish was for clean sheets, as the straw she was lying on was so rough. The family had one pineapple left, which they would cook and eat, and then starve. The woman received her wish, and the rest of the family was cared for. After her death the children were taken to an orphanage for AIDS orphans. Women in cities throughout sub-Saharan Africa use their meager resources to care for children orphaned by AIDS. Organizations like TASO (The AIDS Service Organization) in Uganda, WASN (Women's AIDS Support Network) in Zimbabwe, PWN (Positive Women's Network) in Vancouver, and hundred of others around the world, offer care, support and encouragement for people infected and affected by HIV.



Compiling this newsletter has been a challenge, because the subject is so complex. So many more issues could have been raised—educating our children, issues of sexuality, practical responses by church and community groups, medical issues, issues of complicated grief and death, burnout and compassion fatigue. Many more resources could have been listed. Hopefully the following articles will challenge you to respond to people infected and affected by HIV/AIDS with kindness and compassion, for we will all, if we haven't already, be touched by AIDS in the next few years. Each one of us can make a difference.

My own journey took an abrupt detour in May 1995 when my 21-year old son, Brad, was diagnosed with a very rare cancer. At the time of writing (July 1995) his condition is serious but improved. Suddenly some issues become crystal clear as relationships and matters of life and death overwhelm other matters. The many crises of the years since we left Zambia seemed preparation for the AIDS assignment. Now it seems all of that was preparation for this challenging part of our journey.

—Ruth Thiessen, compiler

Ruth Thiessen, AIDS education coordinator for MCC B.C., lives in Abbotsford, B.C. with her husband Art and two young adult sons. She spent 12 years with MCC in southern and central Africa with her family. African women friends prompted her interest in community development, particularly concerning women. Travel, reading, keeping in touch with friends around the world, and counted cross-stitch are leisure activities.

by Joyce Holsopple Gautsche

Living with AIDS—Excerpts from a journal

September 14, 1987 (While waiting for medical test results while serving overseas with MCC): I am nervous, worried, scared—the unknown. What will my tests reveal? Something curable? Something terminal? We called our families and our pastor to ask for prayers and support. It is wonderful to be in God's family. Everyone is so caring and supportive, so loving. We are thankful. Our faith has become stronger. We have to trust that God will guide us through this experience, bringing comfort and glory to Him. It is not easy. However, we have so much for which to praise Him, to glorify Her. Amen.

I remember a dream I had last night. There was a room; things were dark and light and the room had windows all along the top, on all sides. I don't remember any door. There was a small gathering of people. I was one of them. These people were afraid. There was darkness outside, and a fierce strong wind blowing, which I sought to feel. I went around opening all the windows, wanting to feel the wind on my face and blowing through my hair. Everyone else was terrified . . . "Close the windows, you must keep the wind out, we are frightened by it." I couldn't understand their fear, because I didn't feel afraid. Instead I found a peacefulness in the darkness, a calmness in the wind. I felt uninhibited to step out into the unknown. I knew that I wouldn't be alone.

I hope to always feel that inner peace. To know that I am not alone. That family, friends and a Greater Power will always be there to show love, compassion and support. I am lucky to be alive!

September 15 (after receiving the test results): As we arrived home the rain began to fall. Are you sad, Lord Jesus, that you have asked us to bear this cup? The true reality of having AIDS has not yet settled in our minds. I don't know how we will respond when that happens. Somehow God will provide the inner strength that is necessary.

May 4: I'd like to trade this body in and start with a new one. I wish all these physical problems would just go away! No, I am not ready to die as a means of obtaining a "new"

body . . . I just wish none of this would have had to happen. It is frightening every time I experience a fever, a cough or any other unknown. I wonder if this will be the turning point for me, will my diagnosis change to full blown AIDS? Will I get over it this time or will it be the end?

How does one keep striving forward, maintaining a positive "beat this thing" attitude—and yet have a peace about death? Does the fear of death mean you fight harder to avoid it? And if I accept the reality of death, have I given up?

January 20: A week ago today the bioethics class at Goshen High School wrote letters to me, thanking me for sharing my recent story about living with AIDS. I shared with them the idea that . . . life goes on and doesn't have to change because of a terminal illness. I also talked about the importance of seeing people with AIDS as normal human beings and treating them in such a way. It really doesn't feel like I have a disease that threatens my longevity. I simply live as I've always lived.



April 25: Dear Rachael, today is your first birthday. I remember very well when you were still in your mother's womb. I also remember the first time I held you in my arms; you were only six days old. Oh Rachael, you were so beautiful. You snuggled into my arms, resting peacefully. I'm not sure that anyone will ever know how much it meant for me to be able to hold one as tiny as you. You see Rachael, I have AIDS. The gesture from your father, to lay you in my arms and walk away, is indescribable. It removed all my fear . . . fear that parents would feel uneasy with me interacting with their most important people—their children.



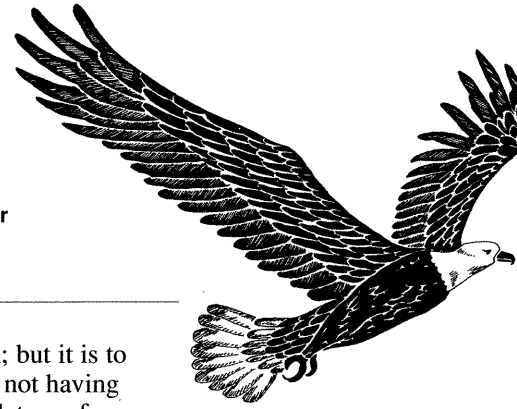
The most difficult thing to accept about having AIDS is the inability to birth my own children. If there was anything that I really wanted in life, it was for us to have a family . . . to experience conception, pregnancy, and the work to bring that life out. I'll never know what it feels like to push out a new life or to know the ecstasy of producing life's sustenance from my breasts. Thanks to your parents I have, in a small but wonderful way, been involved in your life in such a way as to experience some things that a parent would. Love, J.

July 25: I've had a lot of thoughts about life recently. Why do we take things so seriously that we miss the joy of life?

For me, life is a process. It is not a competition of who has what job, do you own your home or rent, etc. Life desires to be enjoyed, to experience the process, not just to survive for survival's sake. We must continue to remember that each of us is mortal and the life we now have will someday cease. Let us not get to the end of our life and realize we missed a lot because we were so busy working, saving money or whatever, that we overlook relationships. The relationships that are important to me are knowing my inner Spirit, sharing life with my husband, my family and friends. It is a priority to be listening to the birds sing, smelling the flowers and noting their patterns and colors, seeing the berries in the mountains, enjoying the gentle cleansing of an afternoon rain, reading, playing with little Rachael, relating to nieces and nephews—and my list could go on and on.

How do I share with others that the hustle and bustle of what society dictates really isn't important and is even

Total Number of reported AIDS cases in adults and children, late 1970s to mid-1995: 1,169,811. Total number of estimated cases: 4,500,000+.
—World Health Organization



sometimes harmful to life? It is sad that so many people miss out on being in touch with their Spirit because society doesn't support such a lifestyle. Seems like the only time one comes in touch with a desire for spirituality is when one is facing a terminal illness. I would never wish that for anyone, but how do we stop to listen otherwise?

As bizarre as it may sound, my husband and I have begun to see that having AIDS has been a sort of gift. In many ways I am thankful that I've had to look at my life, change my priorities and that I have gained a new perspective. It feels like we are living in a different world, one filled with great contentedness and peace. It is a gift to have the simple lifestyle that we do of being flexible, having minimal responsibility and having enough time to meditate and know our Spirits. I wish everyone could know such happiness.

I never said that life is peaches and cream. I still have days of anger and sadness, but I also know the joy that follows when I allow myself to feel the pain. For me life really is beautiful, a true gift. Thanks for the gift of life, the gift of peace, the gift of comfort and the gift of pain. May my faith continue to grow.

September 12: As I was praying and meditating an image I saw was that of an eagle. I watched as the eagle spread its wings and ever so gracefully flew up and around. There was a great power in the eagle—also a peacefulness, and I found myself being lifted on the wings of this majestic symbol. One of our favorite scriptures has been Isaiah 40:28–31, especially verse 31: “But those who hope in the Lord will renew their strength. They will soar on wings like eagles; they will run and not grow weary, they will walk and not faint.”

Thank you God that we are all—always—in Your Presence. In our busyness, in our consumption of accomplishing daily tasks, being successful or however we hide behind the mask, we lose sight of our Spirits. I am thankful for this opportunity to grow in the Spirit, to experience my spirituality in such a life-fulfilling manner. Keep me humble in my gift, yet allow God's Light to trickle down and around others whom I know and love, that they may desire to spend more time with the Spirit within.

October 13: This morning while returning from our usual Friday morning breakfast with friends, I was talking. As my husband listened, he recognized a new level of acceptance for us to work on. Perhaps it is time to release my own selfish desires for restored health and begin to accept another new reality that I may not have that kind of health and energy again. It doesn't mean that I'm beginning my

slide toward death; but it is to grieve that loss of not having energy, having to let go of some more of my involvements. I have great difficulty in letting go of such things. Perhaps I have difficulty in knowing how to let go of life.

I continue to believe that I will know when it is my time to die. I also think it is more difficult for family to accept my on-coming death. My brother's thoughts were in that direction as he said, “Maybe we, meaning your family and friends, need to let go of you, to completely surrender you and not hold on to you anymore.” Yes there is an inference to death in such a statement, but there is also power: power of life here and now . . . and greater power in the life to come.

November 3: I don't want to die. I don't want to experience that heart-wrenching pain of having to say goodbye to family and friends, and it hits hard again at all the shattered dreams, no long-time nursing career, no babies to give life to, no chance for more overseas work. God, I feel so cheated. It all seems too unfair. What is the purpose in all of this? Is it for my own spiritual discipline? Couldn't there have been a better, less painful way to teach me the lessons of life? Why us, God?

I realize that my body is slowly failing me. It is hard to admit that I am slowly dying inside and there is nothing anyone can do about it. The doctors can make me comfortable and nothing more. I haven't the physical or emotional strength to endure much more, yet God has not called me to be with the angels.

I am suffering such an inner turmoil, to take the next step of grieving and acknowledging and accepting the calling of death feels like such a turning point, one that I may not be able to turn back from. Death is not frightening to me. I know there will be no more pain, no emotional struggles anymore, only peace and oblivion. I truly believe that in embracing death there can be renewed life again. To accept death does not mean I will die tomorrow or next week. Why then is it so difficult to make resolution of this phase of acceptance?

I am on a journey toward death and life renewed. It is a journey no one can travel with me. My family, my friends and my church cannot go with me on this journey. I must leave them behind to finish their own journey of death to life. I think that is why it is difficult to take this next step of acceptance, knowing that I will be alone. Yes, my family and friends will physically be present with me, but that

inward journey to God is mine and mine alone. God, grant me peace to struggle with this. Shower me with love and grace to walk with confidence toward that Eternal Light.

November 9: How does one know when God is calling you home to a better life? How do my husband and I read and interpret all the signs? Sometimes I feel like it's futile to keep trying new treatments. Perhaps it's best to be home from the hospital and enjoy each new day that remains, however many days God chooses to grant me.

Everyone has to endure the uncertainties of life, yet most people have children and plan for wonderful futures of college and careers. Adults plan for a grand retirement. All these plans and dreams avoid the fact that life will end for each of us. Why is death so awful to talk about? Death should be part of educating our children in the home, church and schools. It must be done as something positive so that children don't develop a fear that they might die tomorrow. The reality remains that life and death go hand in hand. One cannot and does not exist without the other. The wonderful thing about death is passing on into renewed life. There is a warm feeling of joyfulness in my heart. It is not a joyfulness that will break forth in holy dance, but a quiet contentedness that comes from a Peaceful Spirit within.

November 25: DeeAnn asked me what I thought heaven would be like. I told her I perceived heaven to be a place of peace and comfort, and I believe in many ways, we will have faces like we do here, and bodies too. The only difference is that our bodies won't experience any pain, or any emotional stress. Life will be slow and joyful always. Everyone will have full knowledge of life.

Even the little ones will understand and have wisdom about all of life.

DeeAnn then asked with teary eyes, "Can I ask you a favor? Will you take care of Daniel (her stillborn son) for me?" Oh the pain of a mother's loss in the premature death of an infant. Wondering day to day about who was caring for that baby, loving it and holding it, trying to have faith that it is being done by the angels. I think this is my task and I readily accept.

December 22: I am so angry I cannot sleep. God, how could this happen? How can you allow my life to be so topsy turvy? I want to hit and scream, cry, curse you God, and blame this anger on you. I want to say to you: "If you're not going to do a better job of protecting me, I don't want you!"

... In all of this where are you God? I feel so far away again. I need more discipline in my spirituality when life seems good and full of quality, rather than to wait for disaster to strike, like having a bomb dropped."

"God, I know you are here. Our Spirits are together in my heart. Let me feel that peace and patience. Let me feel your arms wrapped around me, holding me and loving me. I cannot bear this pain alone. I need you to carry this burden with me. Amen."

January 20: It's weird to have someone else do your writing. This is most likely my last journal entry. There were tons of people in and out, people saying goodbye. I told little Rachael that I love her and I would see her in Heaven. To all the people I say goodbye.

Excerpts from the personal journal of Joyce Holsopple Gautsche, a Mennonite woman from Denver, Col., who lived with the challenges of AIDS for two and a half years before her death in 1990 at the age of 31.

On being a caretaker

In the world of HIV and AIDS, caregiving comes in many different forms and presents itself in a variety of actions. Whether you are caring for a spouse, companion, son or daughter, sibling, friend, church member or are in a professional caretaking role, you may find yourself addressing a whole cadre of questions while providing a supportive presence in the life of someone living with HIV/AIDS. Among the questions: Am I prepared to begin a journey without answers? How comfortable am I being around persons living with HIV and AIDS? How well do I listen? Am I prepared to deal with my own life and death?

Being a caretaker for someone with AIDS forces you to deal with your own mortality. Walking with someone, often saying goodbye to them at a young age, challenges us to evaluate our views of the meaning of life, our priorities and goals. Sometimes we lose our innocence and are forced out of a previous denial concerning living and dying. We are challenged to think about how we want to live our lives, what we want to do and have happen, before we must also say goodbye to this world we know.

From a paper by LaDell Gautsche (husband of Joyce), "Have You Thought about Being a Caregiver to Someone with AIDS?"

by Carolyn Couillard

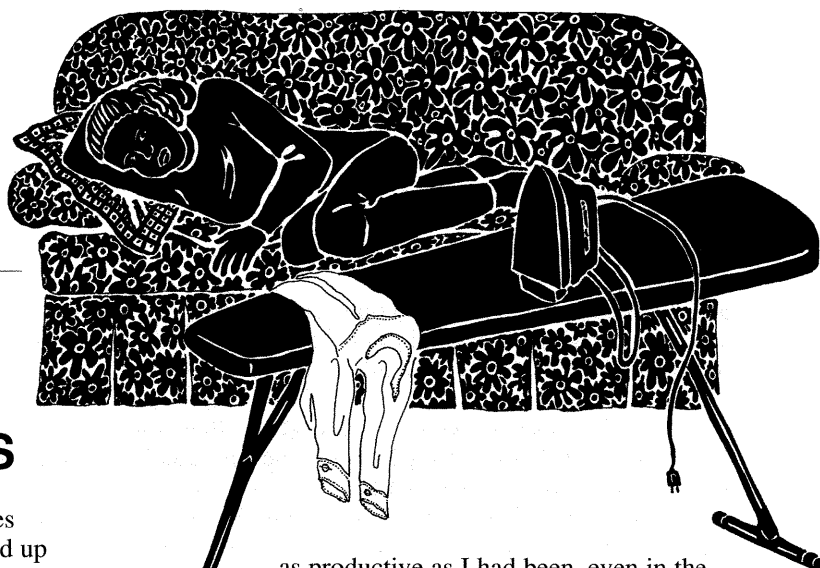
When a husband has AIDS

I slowly turned the iron off, because the tears in my eyes were becoming a waterfall. I retreated to the sofa, curled up before the Lord, and allowed the anguish of fear and sorrow to pour out of me. With words spoken and unspoken, I told God that I couldn't bear the thought of losing my husband. This, from a woman who has always enjoyed her solitude. This, from a woman who appreciated her independence enough to not get married until age 38. But at that moment I could see nothing but a black hole, the darkness into which I would be plunged without Paul.

But when the storm of anticipatory grieving passed, the calm descended. I sensed God's arms wrapped around me. Once again I knew the comfort that God gives. I am fortunate to have friends and family who love and support me as I live under the shadow of my dearest friend, my husband, having AIDS. But since the cloud of AIDS has been over us for almost 10 years, I have needed a source of comfort that is varied and yet unchanging. We found out that Paul was HIV-positive 10 days after we were married. For the first six to seven years, AIDS had remained a small cloud on the horizon. Sometimes we would go for weeks, even months, without noticing it. It was just so good to live with the assurance that God knew all about it, that He was still in control, and to simply get on with living.

Then the time came two to three years ago when Paul's health started to become a stumbling block in the pursuit and enjoyment of his career as an architect. I struggled with all kinds of feelings when Paul told me the date by which he hoped to stop working. Interestingly enough, the storm I described with its ensuing calm was not the beginning of that process but the end. First, I had to honestly deal with seemingly lesser fears.

I had to admit that I had grown used to our comfortable financial lifestyle. Then I wanted to reach the place where I could honestly tell the Lord that I trusted Him to provide, but also that I was willing to live with less and still love God and Paul just as much. Then came the thought that my leisurely solitude would be gone. I hadn't been able to work for years because of my health. I was used to the autonomy of having the days to myself. It took at least a week or two to struggle with this one. I realized that the reason I could be



as productive as I had been, even in the midst of managing physical pain, was because I had so much control over how I used my time. I was afraid of adjusting to whatever changes could come because of Paul's continual presence at home. It wasn't easy to admit how important control was to me.

It was only when I had cleared away all this undergrowth that I was able to face the pain of what Paul's retirement meant in the overall picture of our lives. This could mean the beginning of the end of Paul's life. Embracing that potential loneliness is one of the hardest things I've ever faced. If you've swum in the ocean, it's like the momentary horror when you lose control and the power of the undertow and the waves take you, and for a while you don't know which way is up or down.

Has life been worth this upheaval? I think it has been. Of course, Paul and I have less. We live in a smaller home now. At present our car sits in the garage because we can't afford the car insurance. But if I told you about the other side of the ledger—all the gifts that have come in so many different forms, you would understand our joy and our sense of being deeply cared for. Yes, I have lost much of my autonomy since Paul has been on disability, but once again that is only one side of the ledger. I need far more pages than I have to tell you of the pleasure of hours of leisure spent together as well as the satisfaction of ministries and tasks completed together. Yes, I sometimes become frightened because I don't know who I am as clearly as I used to. However, I am coming to understand the words of Jesus more deeply when he said, "Whoever wants to save his life will lose it, but whoever loses his life will save it" Luke 9:24.

Carolyn Couillard was born in Boston, Mass., in 1947, and has lived in Canada for the past 10 years. After graduating from college she spent 16 years in full-time ministry, including teaching at Zion Bible Institute in Rhode Island, as well as pastoring in Boston. She met her Canadian husband in Boston where he was pursuing his master's degree in architecture. As much as her health allows, she has been active in her home church as well as in the AIDS community in Vancouver, B.C.

by Frances B. Greaser

With love . . . from Fran

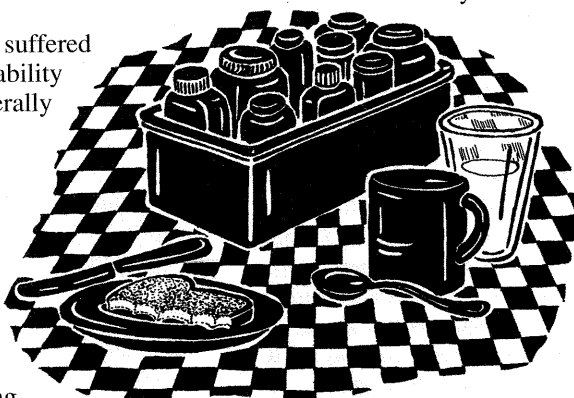
It's over now, Dave. All over. No more suffering. No more breadbox full of pills at the breakfast table or IVs seeping into your veins all day. No more facial grimacing as you valiantly try to swallow the necessary nourishment. It's over for all of us, for we suffered with you. You touched us deeply by your ability to control the intense pain while it was literally destroying your very life.

You touched us in myriads of ways. Your love for beauty inspired us to search more deeply. The last three years were especially rich for us, but I am glad you came to Indiana in the spring when all nature focused on the resurrection. I remember that laborious trip from New York City to Indiana, when your very being was soaked with pain and exhaustion. Yet, you needed to walk around the house to see if the tulips were pushing up—even before you entered the house. You needed that promise of new life. And, as pregnant spring delivered its celebration of color and beauty, you received much of your strength through that osmosis of new life. It seems fitting that you came to us during nature's resurrection season and lived the summer's beauty and unpredictableness as part of your own. Now, as the fall season begins and the leaves splash their lavish brilliance, you too dropped to the ground and became a part of the cycle and wait for the resurrection. There is a time to be born, and a time to die.

You were a complex person, Dave. Deep, sensitive, caring. A man of few words and never an unkind one. You did not share your emotions or feelings easily. You were searching for an answer to the confusing issues that absorbed you. "Blessed are those who hunger and thirst after righteousness" now has a deeper meaning for me now. You loved beauty, and you found your God in the sunsets, the wheat and cornfields and the lavish colors of God's world. During those frequent drives through the back roads, we always found some new beauty. David, we have seen more of this area in six months than we had in 16 years.

These past six months have been bittersweet. There was a special bonding between us that will affect me eternally. I don't know whether a biological mother could love you

more, but I know I loved you with all the intensity of mother-love I knew. When I married your father, I accepted his family as my own. Recently I began realizing that I might be presumptuous in referring to you as "my son." You always had strong ties of love with your birth mother, just as you should have. Perhaps you resented my love as an attempted intrusion on your mother bonding. I asked you if it bothered you that I refer to you as "my son." Your immediate answer was, "It would bother me a lot more if you didn't."

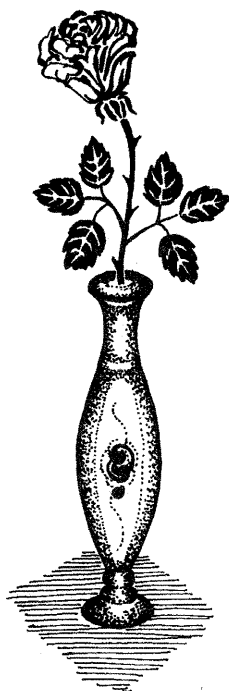


When you first considered moving to Indiana, you had some doubts because of a suspected conservative midwest mentality that would not allow people to understand or accept. But in no time you were overwhelmed with the love and acceptance given to you.

We have so many images of you in these recent years. You had been that quiet, peripheral person in family activities, who was always involved at your speed and interest level. My image gradually changed as I saw you finding your way through serious issues which too many of us accepted too glibly. Your Dad and I cherish those precious discussions.

When I asked you how you could cope with knowing that you had a fatal illness because you cared deeply about others who were being rejected, you said that you needed a lot of counselling and support, but accidents happen and people die from accidents. You bore that emotional and intense pain with you all these years.

We went through our own intensive Gethsemane when you could finally tell us that you had AIDS. It was hard to accept reality when I saw that healthy-looking man walking down the airport concourse, a garment bag flung over his shoulders. This had to be a mistake! But you followed the textbook pattern despite your belief that you would conquer this. Last March when we saw your emaciated body at St. Vincent's Hospital in New York City, your ulcerated mouth made speech almost impossible, but with strong determination, tears and many minutes, you finally said, "I want to move to Indiana." From then on our own priorities were put on hold. We were there for you. You knew it and were grateful. I soon learned that the word "mother" was an active verb.



We have so many rich memories. But my favorite one is seeing you, bedraggled in your sweats, looking forlorn and entreatingly saying, "Fran, I need a hug." My hands quickly got out of the dishpan and we embraced tenderly. Then you said, "I needed a hug yesterday, but you were too busy." I said, "I'm sorry. I never want to be too busy to hug you!"

There is a white rose in the frivolous but beautiful Italian vase we bought in New York. Others do not understand the emptiness of the lack of beauty in a sterile hospital. We watched you suffer. We did our own suffering. God gave us strength, and we had miraculous support from people there, but we needed a promise that there is beauty beyond pain. We found it in the vase we bought in the antique shop. It was a frivolous spending of money—or was it? It will always be a precious testimony of God's grace amid emotional pain. We will keep a rose in it as long as we are able.

And now memories are all we have. At 2:45 a.m. the nurse called saying you thought you were dying and wanted us there. We came immediately. We hugged and said, "It's all right, Dave. It's okay to die, just relax and let go." You seemed surprised as if you expected to win this brush with death again. Amid prayers, scriptural quotes and strains of *The Messiah* you relaxed. Then with some facial contortions, you breathed your last, and it was over. Just you, your Dad and I alone sharing that precious moment. You were right, Dave. You were dying and we are relieved that you are no longer suffering. There is so much we don't understand. Perhaps some day we will. Rest well, David . . . safe in the arms of Jesus.

Frances Bontrager Greaser wrote this piece October 15, 1991. She is a retired nurse educator who taught pediatrics at Buffalo (N.Y.) Children's Hospital and at Goshen (Ind.) College. She has served in Ethiopia under the Eastern Mennonite Board and in Haiti under MCC, was director of Nursing at a school for mentally handicapped children in Elkhart, Ind., and has served on the MCC U.S. Executive Committee. She wrote a book on David's illness and death, *And a Time to Die*, published by Herald Press. She married Lawrence Greaser in 1975 and lives in Goshen where she is active in the College Mennonite Church.

by Michelle Jansta

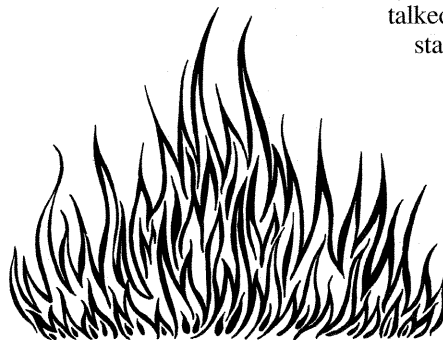
Strength and miracles

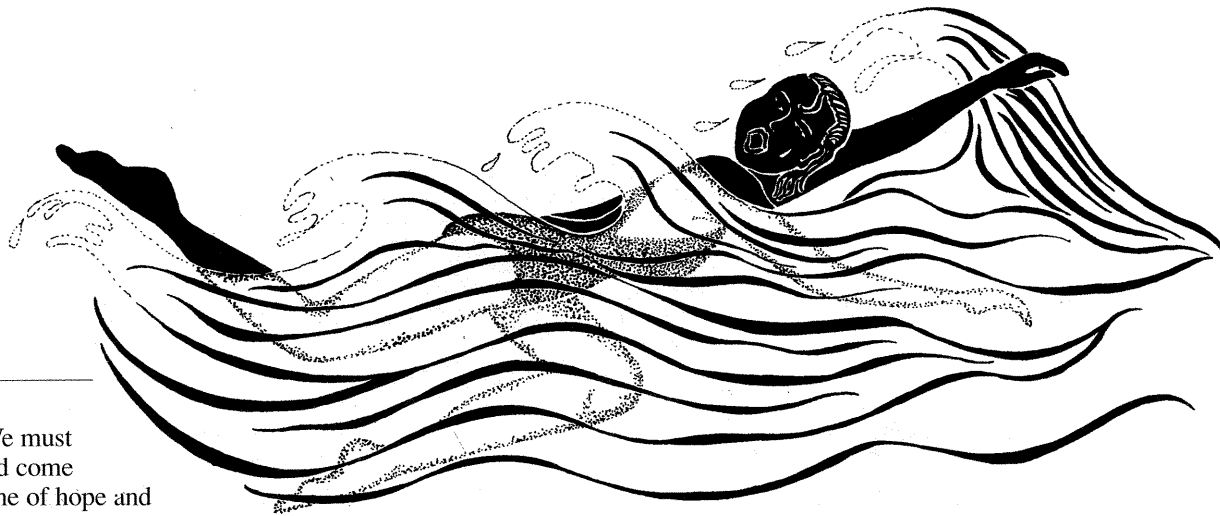
Its overwhelming power is a reckless wave crashing upon the fragile human existence. Its surrounding controversy consumes political and religious communities with the wanton abandon of blazing wildfire. It has ultimately come to capture the attention of everyone, refusing to be disregarded as a consequential plague of immorality.

Like its victims and like its survivors, *it* has a name. It has introduced itself as AIDS, and it commands a response. The epidemic was first documented in the early 1980s, receiving significant attention only after it revealed itself among "mainstream" society. Prior to that, it remained an enigmatic shadow—"gay cancer," "gay pneumonia," "sickness from the bath houses." The virus has reached larger proportions than anyone expected back then; many of us hoped and expected that a cure would have been found by 1995.

Underneath the haunting statistics there is a human side to all of this—people just like you and me who are living with AIDS one day at a time. I have met individuals who tested positive for HIV as far back as 1983 and 1984 and they will be the first to tell you they are not going anywhere. Right on, my friends. They have written books, founded agencies, produced films and loved each other madly, always getting up one more time than they fall, always willing to gently share their experience of strength and hope.

Mary Fisher is a woman living with AIDS, the mother of two children, and founder of the Family AIDS Network. She is an eloquent AIDS activist, an author and a veteran spokesperson. She worked in the White House under Gerald Ford, and her father, multimillionaire Max Fisher, was the honorary chairman of the Bush-Quayle campaign. Over the years she has talked openly about her HIV status: "It can happen to





me; it can happen to you. We must put aside our differences and come together." Her message is one of hope and unity. I met Ms. Fisher briefly during my employment with Samaritan Women's Prison Project at Riker's Island, where she spoke for an inmate graduation ceremony. As we walked through the prison infirmary, I was inspired by her genuine compassion and respect for each woman as an individual. Mary Fisher has opened the door by showing us that AIDS is not political; it does not discriminate. It survives by breaking through boundaries of race, class, religion. Perhaps we can learn from the AIDS virus.

As beautiful as Ms. Fisher's presence has come to be, she is not necessarily unique among the AIDS community. During my involvement over the past year, I have felt spiritual power and passion. I have met survivors to whom I turn for strength. One woman's testimony beautifully captures this victorious spirit: "Nothing has been taken from me by the virus; something has been added. I detest HIV, but I am not its victim. It has not weakened my humanity and it will not. It has not stripped my power as a person and it cannot. I'm responsible for me and my children, and I'm competent to meet my responsibilities. Some people want to be victims. But those in the community of HIV/AIDS deplore the label and the misunderstanding it represents." (Women's Coalition of Memphis, 1993).

As my co-worker, Beverly, says about her HIV status, "that positive means you are positively beautiful." To me, that positive means positive energy—and a lot of it. I am blessed. Not many people receive this much positive energy in a lifetime.

I experienced one of the greatest miracles at the World AIDS Day Celebration of Hope and Remembrance, November 1994. Talk about positive energy. We came together representing all faiths, colors, backgrounds and opinions; we left as a family of our Higher Power's children. A thousand brilliant candles set fire to the autumn night, but love truly lit the way.

Living life

As I work with AIDS survivors, I am inspired by the sincere sense of faith in our presence. We discuss nutrition, art, spirituality, medicine, you name it. Today we danced a Brazilian dance and ate seven-grain bread. What this has taught me is that AIDS is not a death sentence; it is a life sentence. It is an invitation to live each day to the fullest, to share hope and healing, laughter and pain with each other, to get in touch with our deepest core of emotions, and to deepen our relationship with our higher power as we see Him.

—Michelle Jansta, writing for *CHRIST Encounters*, September 1994

Love continues to light the way for all of us, every day, one day at a time. Over the past few years, I have tested the waters of working in public services—a pretty broad leap for a biology major from a small liberal arts college, now that I think about it. Back then I just wanted to try something new, to live somewhere that I'd never lived before. I didn't know what to expect, but I certainly never expected to gain as much as the years have given me. Despite the often overwhelming ups and downs we've all been through, today I feel nourished by the work I've done, that has allowed me to be a small part of this field.

In the grand scheme of things, I see myself as a minuscule grain of sand. In the past, I could never admit that. I used to want to be more, to do it all; I guess that's one of my weaknesses. But today, that's fine—I'm more fulfilled than ever, because when we, as grains of sand, reach out and work beside each other, we come together to create beautiful beaches. I have found a wealth of support from those around me, and I have come to realize how crazy I am about working with people; it's such a high. I continue to learn more each day about myself, about the world, and about God.

The AIDS community will always have an impact on my life, although I am looking forward to that beautiful day when an AIDS community will no longer need to exist; when we can embrace and cry joyful tears over a cure. Until then, I live to be the best person I can be, one day at a time. I pray to God for guidance. I look to people like Mary Fisher and Beverly for strength, for light, for miracles.

Michelle Jansta served with Mennonite Voluntary Service at St. Francis AIDS Ministry in New York City, where she was a counselor and volunteer coordinator. She left that position in May 1995, and is studying health administration. Her personal interests include running, playing the guitar and meeting new people.

People still ask me, "Do you think AIDS is a punishment from God?" I always say that I have no intention of trying to fathom the mind of God. Maybe we can look at AIDS as a test not for the people who are infected, but for the rest of us. I challenge you to consider the notion that AIDS can be less about dying than about choosing how to live.

—Belinda Anne Maison, 1958–1991, died of AIDS-related causes in Kentucky

by Eleanor Stouffer

Being God's hands and feet

The phone rang in the emergency room. "Rev. Stouffer, it's a medical floor, for you." My life changed with that phone call. A patient had been admitted through emergency during the night, transferred to a medical unit and assessed as having at the most three days to live. The head nurse asked if I had seen him on admission. I had not. "That's too bad," she said. "We hoped that if you had met him you would be willing to make a follow-up call. He is dying from AIDS and we don't know who else can deal with that." I responded that although I had not met him in emergency, I would be glad to make a call now.

I started towards the elevator to make my way up to the fourth floor. As I neared the elevator, I remember thinking, "This is a very affirming moment. Of all the chaplains here, they chose me as being the one most able to deal with this. This says something pretty positive about my ministry here." On the heels of that thought came another. It was early in the 1980s; I knew very, very little about AIDS. If I was about to meet an airborne virus or one contagious through casual contact, I was in trouble. I was married. I had two daughters. What if I took the virus home? I decided to take the stairwell instead of the elevator to buy some thinking time.

I remembered. I remembered how, when I worked in personnel in that same hospital, the director of Pastoral Care had, after speaking with my supervisor, asked that I consider transferring to his department and apply for the spring chaplaincy training course. Six people would be accepted. I transferred, applied and was accepted. Before I finished my training, the hospital hired me to work in intensive care, emergency and the psychiatric unit.

I didn't go looking for the training or the job. God gave me both. I remembered how I had prayed when I was hired. I prayed, "God, I could work myself to death in this ministry. I have a habit of trying to rise to every need. You are dealing with that in my life. I ask that while I am in this position

you clear all requests. I know it is a big thing to ask, but I really need to know that each request comes from your hand—with your approval. On that basis, I will respond to whatever request comes my way." This request had passed through His hand. I stepped on the unit saying, "God, if I die, I die. Please protect my family."

I did something then that I vowed I would never do as a chaplain. I set an agenda. I knew that this patient was involved in the homosexual lifestyle. He was standing at the edge of eternity. He, therefore, needed to meet the God who could forgive all sin and would run to meet him as he crossed to the other life. My style had always been to let the patient set the agenda. I had learned to never act on the assumption of what I believed the patient needed to share, as I found her/his identified needs were often something very different. I tried never to steer an interview. This time was different.

I entered the patient's room and my education began. "Jim" and his partner let me into their lives. We walked those last hours together. Our meeting started with this sentence from Jim: "I'm glad you are here, chaplain. I can take all the support I can get. God has been with me every step of the way. Without Him, I would have ended my life and my suffering a long time ago."

That was over 10 years ago. I think my friends would say my theology is still pretty much intact. There is a lot I don't understand. I am now okay with not understanding. My concept of who God loves has changed very much. I am amazed at who He loves. He loves me in spite of my apathy and critical spirit. We all sin, we just sin differently. I leave the judgement to God. That never was intended to be part of my responsibility as his child. I just want to be God's hands, feet and presence.

The Talmud tells the story of the young rabbi who asked the old rabbi how he would know the Messiah when the Messiah came. The old rabbi responded that when the Messiah came he would be found outside the city bandaging the lepers. I want to be there too.

Eleanor Stouffer is founder of House of Hesed AIDS Hospice in Langley, B.C. She is an ordained chaplain and holds an M.Min. from Trinity Western Seminary. She is married and the mother of two adult daughters.



by Kathleen Rempel Boschman

Batswana women and AIDS

A while ago I was talking to the woman who cares for our daughter, about marriage. Lorato (not her real name) is 29, unmarried and has two children, ages 9 and 3. When I asked her if she would like to get married, she said she would like to, but she was afraid. I assumed she was afraid of getting AIDS. Instead she said, "Men can kill you."

Several weeks later, she said that she would not be in to work the next day. She had a trial date at the *kgotla*—the customary court where the chief of the village presides over local matters. She was asking for a lump sum of 4,000 *pula* (roughly \$2,000 Canadian) from the father of her children to assist in the raising of the children. When she returned to work, she told me that he had not shown. In fact, this was the third time he had been summoned and had not shown.

She had no other options now. She did not have the means to hire a lawyer and take the matter to the magistrate's court. Besides, the father is now unemployed and could probably never pay the amount requested. Lorato is determined to make it on her own. With the help of her sister, who watches her children, she commutes daily to Gaborone where she cleans and does childcare for several people. The average *Motswana* (person from Botswana) pays her domestic worker between 150–250 *pula* per month (roughly \$75–125 Cdn.). They receive the higher wage if they do not live with the family. (Incidentally, I find the cost of food and groceries is similar here to what I was paying in Winnipeg.)

I can tell Lorato is bright. She tries to read my recipe books and watches carefully as I follow the instructions. She would like to be a veterinary assistant someday, but that dream is a long ways away. Her parents could not afford to send her to school past grade 9. Now she will have to wait until her children's education is completed.

Lorato told me that her parents are not pleased that she had children without being married. But, she admits, the practice of waiting to bear children until marrying is breaking down in her generation. She has found it hard to find someone to marry. Furthermore, a childless woman has a low status in this culture as well as an uncertain future. For Lorato, her children are her old-age security.



Lorato's story illustrates the fact that in Botswana, as in many parts of the world, women still face numerous hurdles: they fear domestic violence; they perform most of the household duties and childcare responsibilities; as girls, they are less likely to be given educational

opportunities than their brothers; women's work usually pays less than a man's work; their worth is often defined by their fertility or lack thereof. Some men in Botswana prefer to marry a woman who has already had one or two children. They feel it is a risk to marry someone whose fertility is uncertain.

Lorato's story also illustrates the fact that immediate needs sometimes outweigh the concern for contracting AIDS. Her concern for personal safety makes her hesitant to marry. Thus she does not have a long-term faithful partner. Her concerns for her economic well-being in the future and for status in society cause her to look for someone to father her children. All the while, the risk potential for contracting HIV rises.

Since the 1960's when some of the largest diamond reserves in the world were discovered in Botswana, the economic status of the country has risen dramatically. The government has done well to raise the level of education, to provide basic health care even to remote areas, and to build infrastructure. Tar roads now extend deep into the Kalahari Desert. The status of women has risen as a result of the boom. Bright girls can now complete grade 12 and go on to obtain a university degree, all at the expense of the government. Overseas training for degrees or diplomas that are not offered in Botswana is available to young women who qualify. Thus the need for economic survival via sex for money/gifts or via children as old-age security no longer exists for a certain segment of the population.

The factor that puts all women at risk, no matter what their educational or economic status, is the fact that most younger persons in Botswana do not practice abstinence nor marital fidelity.

Last year's study entitled "Monitoring Trends in Youth Sexual Behaviour," interviewed youth in four separate locations throughout Botswana. Some 80 percent of respondents (ages 18–25) had sex. Generally males begin younger than females with their first sexual encounter at age 17. In all locations, the majority of females have only one sexual partner at a time, while males have two or more. At

Glossary

AIDS—Acquired Immunodeficiency Syndrome, the most serious stage of infection with the human immunodeficiency virus (HIV).

HIV—Human immunodeficiency virus, the virus that causes AIDS; weakening body systems and destroying the body's immune

system, making it susceptible to life-threatening opportunistic infections or rare cancers.

HIV Infection—The spectrum of diseases caused by infection with HIV.

Opportunistic Infections—Diseases (also known as OIs) caused by agents which cause illness if there is a change in normal health conditions, such as when the immune system becomes depressed.

PWA/PLWA—Person with AIDS/Person living with AIDS

STD—Sexually transmitted disease

T-cells—A type of white blood cells (lymphocytes) that are a part of the immune system. People with HIV infection have an abnormally low number of T-cells.

one workshop I led, young men reported anywhere from four to 12 sexual partners in the past two years. Respondents to the study felt that while the message "use a condom" is getting through, the message "stick to one partner" is not. They felt that the number of short-term relationships is on the rise. Reasons listed included: greater mobility in society, alcohol abuse and therefore more casual partners, rising unemployment and therefore more sex for cash/gifts, and general unfaithfulness.

The spread of HIV has been swift in Botswana. In 1992, when the AIDS/STD Unit began estimating a national figure for the number of people carrying the virus, the figure was 60,000. The number by the end of 1994 was 125,000. The total population of Botswana is 1.3 million. Generally, one in six sexually active individuals is infected.

My work in Botswana is with the Catholic church. Despite the challenge of promoting abstinence and fidelity in a promiscuous environment, we persevere believing that God will cause the seeds we sow to spring up in people's hearts. The Christian message is undergirded by the traditional lifestyle of Botswana. Many traditionalists bemoan the emphasis on condoms in most AIDS campaigns. They, however, feel helpless to communicate traditional values in the face of the rapidly changing structure of society.

Besides our parish-based education, we also do home-based care of persons with AIDS. We care for many women who are heads of households. Their concern is not for themselves, but for their children. As the disease progresses, they carry the added guilt of having to ask the older children to stay home from school to care for them and the younger children. Then there is the question of guardianship. Most often orphans go to live with another relative, usually the grandmother. Eventually, the family network will be unable to care for the number of orphans. In Uganda, where AIDS rates are also high, women are gathering orphans together, caring for them and appealing to non-governmental organizations for funds to carry on.

Women in Botswana are hard working. They do the planting and harvesting. They are an economic asset to their country as well as the glue that holds many families together. We hope and pray that many will be spared this disease and will live long enough to see their grandchildren play happily in their fields.

Kathleen and her husband Don are missionaries in Botswana with Africa Inter-Mennonite Missions. Her primary responsibility and joy is caring for Lisa, who is 17 months old. She works part-time at the Catholic Church's AIDS program and as a physiotherapist at the local government hospital.

AIDS and MCC

MCCers work in and support AIDS-related programs in Asia, Africa, Latin America and North America. Following is a sample of MCC involvements:

- Training community volunteers to care for persons with AIDS in Uganda.
- Support for a Brethren in Christ AIDS counseling and home-based support program in Zimbabwe.
- Support for AIDS education/prevention through BUKLOD, a Resourceswoman's organization in Olongapo, the Philippines, which works with prostitutes and former prostitutes.
- SELFHELP Crafts markets items from White Lotus, a women's cooperative in northern Thailand. White Lotus, which aims to protect village women from exploitation by prostitution rackets, works extensively at AIDS education and caring for persons with AIDS. The cooperative works at paper making a craft that is physically non-strenuous and can be done by people who are in the more advanced stages of AIDS.
- AIDS education is part of the work of MCC staff at a family planning/OB-Gyn clinic in Prey Veng Province, Cambodia.
- MCC Global Family Program provides monthly funds for school fees and educational supplies, for Burkina Faso children who have lost parents to AIDS.
- In Jamaica, a SALT (Serving and Learning Together) volunteer works at a women's center, which does AIDS education.
- A volunteer works at an AIDS hospice in Quebec.
- In Brazil, two MCCers serve on the board of ASAS, a nonprofit group serving people with HIV/AIDS. Former MCCer Rachel Prance is ASAS's first administrative coordinator.

How is HIV spread? The virus can be spread if a person has contact with infected body fluids—blood, semen, fluid in the vagina, and breast milk of infected people. The virus is spread by sexual contact, injection drug use and during pregnancy, birth or breast feeding from mother to child. The risk of becoming infected by blood transfusions or blood products is extremely low where blood is tested for HIV. HIV is NOT spread through casual contact such as hugging, kissing, sharing utensils or coffee mugs, public telephones, toilet seats or swimming in a pool.

—Margo Dempster Combe, AIDS educator in Calgary, writing in "Family Health," Summer 1993

by Evelyn Hildebrandt

Care receivers—Needing what we all need

My name is Evelyn Hildebrandt. I have AIDS. Because of AIDS, my life is broken and it can't be fixed.

No one can alleviate my distress at the losses in my life. No one can make it easier for my husband or parents to grieve my death, nor heal my pain at the thought of having to leave this life early.

One of the worst things about dealing with chronic degenerative illness is the sense of powerlessness and helplessness. This can sap one's energies and leave little for the enjoyment that is left in life. And yes, there is still enjoyment—which is what makes leaving so hard. A shared time with my husband or a friend, a spiritual moment, and family visits all nourish and feed me, yet they seem at times to be unbearably poignant. The greater the love, the greater the loss.

We are here today talking about care-providing. I want to talk about care-receiving, as this is 50 percent of a caring interaction. And caring is the one thing we can do about AIDS. As a woman in this culture, I have been taught to be a care-provider, and it is extremely difficult to be cast in the role of care receiver. Here are some needs that must be met to make me a good care receiver—I am bad at seeing when

and how I need help, and at asking for help. I need reassurance that not doing for myself, be it laundry, shopping or whatever, does not make me a lesser person.

I need the right to say no to help, if it seems overwhelming, even if it adversely affects the quality of my life. For example, it might provide better nutrition to me if my two mothers cooked for me every night, but it would destroy my self-image as an independent adult.

I need dignity—help that is offered, not forced on me without my consent. I need practical help as well—someone to go on a scary doctor's appointment with me, cook me a meal, help me make my will. I need people who will volunteer time, or donate money to AIDS service organizations, so that they can provide more comprehensive services, and thus improve the quality of my life.

I need what we all need: to be loved well and honestly, recognition that I do my best, and that dying is not a failure, it is just a part of life.

If I have these needs met in some measure, I will be a good care-receiver, and be all the richer for it, as others will be the richer for giving.

Evelyn Beheshti Hildebrandt of Vancouver, B.C., was an activist for people with AIDS from the time of her HIV-positive diagnosis at age 26 until her death in March 1995. She was posthumously recognized with a Vancouver YWCA Women of Distinction award in May 1995. This piece was presented as a speech on Dec. 1, 1994, at a World AIDS Day luncheon in Vancouver, B.C. It is reprinted by permission from PWN Newsletter, January 1995.



Ultimately, what does ministry to those with AIDS require? One Chicago man with AIDS answered, "A hug once in a while would be nice."

—Andres Tapia in "The AIDS Crisis"

Women's bodies, beauty and sex have become highly demanded commodities in some parts of the world. Sex tourism, bride-supplying, pornography and so on are all the result of this thinking. Since buyers of these commodities can spend a lot of money, girls and women are very easily lured. Thailand, Philippines and Nepal are countries where such businesses are prospering but these countries are also paying a heavy price: the spread and growth of HIV infection and AIDS.
—From "World Health," Nov.-Dec. 1994

Resources

Books

Brown, Joe. *A Promise to Remember*. Avon, New York, 1994.

This book of letters commemorates panels donated to The Names Project in memory of persons with AIDS who have died.

Christensen, Michael J. *The Samaritan's Imperative*. Abingdon Press, Nashville, 1991.

This sensitive first-hand account encourages a compassionate response to people infected and affected by AIDS. Both clergy and lay people are shown how to effectively minister in this epidemic.

Fisher, Mary. *Sleep With the Angels: A Mother Challenges AIDS*. Moyer Bell, Washington, D.C., 1994.

The speeches in this book, by Fisher, who is HIV-positive, eloquently portray her journey of hope and compassion, a strong weapon in the fight to destroy the myths surrounding AIDS.

Greaser, Frances Bontrager. *And a Time to Die*. Herald Press, Scottdale, PA, 1995.

This is a moving account of Mennonite parents facing the death of their 42-year-old son from AIDS. Includes practical suggestions for ways family members and the church community can support persons with AIDS and their families, and includes a "Prayer for Parents of Persons with AIDS."

Hostetler, Helen M. *A Time to Love*. Herald Press, Scottdale, 1989.

A Mennonite mother tells a candid story of agony and anguish experienced as AIDS took her son.

Kaleeba, Noerine. *We Miss You All*. Women and AIDS Support Network, Harare, Zimbabwe, 1991.

Kaleeba's book relates her personal encounter with AIDS in Uganda, as her husband struggles with and dies from AIDS, and her involvement in the founding of TASO (The AIDS Support Organization).

Lapierre, Dominique. *Beyond Love*. Warner Books, New York, 1990.

The epic story of doctors, scientists, patients, heroes and dreamers fighting the greatest plague of our time.

Peavey, Fran. *A Shallow Pool of Time*. New Society, Philadelphia, 1990.

Peavey shares her journal and notes about AIDS as it affects San Francisco, her friends, family and herself.

Pohl, Mel, Kay Deniston and Doug Toft. *The Caregivers' Journey: When You Love Someone with AIDS*. Harper Collins, New York, 1991.

This book addresses the special need of caregivers, helping friends, family members and health care professionals develop their understanding of AIDS.

Rudd, Andrea, and Darien Taylor, editors. *Positive Women: Voices of Women Living with AIDS*. Second Story Press, Toronto, 1992.

The stories in the first international collection of writing by women living with AIDS, are diverse, highly personal and intimate, not about despair but about shattering myths, taking control and finding their own power in the challenge of living with AIDS.

Packets/brochures/booklets

"AIDS: A Call for Compassion." Christopher News Notes, The Christophers, 12 East 48th St., New York, NY 10017.

"AIDS: A Christian Response." Mennonite Central Committee B.C., 1995. MCC B.C., PO Box 2038, Abbotsford, BC V2T 3T8.

"AIDS: A Compassionate Response." This resource kit on AIDS is currently being compiled by MCC B.C., and will be available later in 1996 for approximately \$10. For information on its availability contact MCC B.C. (previous listing) or MCC Resource Library, Box 500, Akron, PA 17501.

"Christians & AIDS: A Call to Compassion." Mennonite Central Committee Canada, 1995. MCCC, 134 Plaza Drive, Winnipeg, MB R3T 5K9.

"God Our Loving Parent: Bible Studies on AIDS." Written and published by Transkei Council of Churches, AIDS Programme, Attn. Ms. P. Tshangela, Box 65, Umtata, Transkei 5100, South Africa.

"HIV/AIDS Ministry: Putting A Face on AIDS." Edited by James A. Hyde, Ph.D. Cooperative Baptist Fellowship, 1994. AIDS Resource Materials, CBF, PO Box 450329, Atlanta, GA 31145-0329.

Women in ministry

Pearl Hoover has begun as pastor at Shalom Mennonite Church in Newton, Kan.

Amanda Rempel was licensed as chaplain for Kidron-Bethel Retirement Center, North Newton, Kan.

Debbie Schmidt was licensed for ministry at First Mennonite Church in Hutchinson, Kan., in October.

Iris Hartshorn is co-pastor at Houston (Tex.) Mennonite Church, joining her husband, Leo.

Anita Janz was commissioned as women's concerns minister at Nutana Park Mennonite Church in Saskatoon, Sask.

Darlene and Dan Joiner are new pastors at Immanuel Mennonite Church in Delft, Minn.

Muriel Thiessen Stackley is pastor at Bergthal Mennonite Church in Pawnee Rock, Kan.

"Nothing can Separate us from the Love of God." American Bible Society, 1865 Broadway, New York NY 10023; 212-408-1200.

"Responding to HIV and AIDS." An updated study guide for congregations. Mennonite Mutual Aid, Educational Resources, 800-348-7468.

Videos

"AIDS: A Family Experience." Available for rental from Mennonite Mutual Aid, Educational Resources, 800-348-7468.

"Belinda" is the story of a rural woman with AIDS. It is available for free loan from MCC Akron Resource Library, 717-859-1151; and MCC B.C. through the Columbia Resource Centre, 604-853-3567.

"Common Threads: Stories from the Quilt." Names Project Foundation, 1989. 79 min.

"Fighting for Our Lives: Women Confronting AIDS," about AIDS and women of color, is available from MCC Akron, 717-859-1151, and MCC Manitoba, 204-261-6381.

"HIV/AIDS: A Challenge to Us All." Pediatric AIDS Foundation/Sega Charitable Trust, 1993, 1311 Colorado Ave., Santa Monica, CA 90404.

"HIV/AIDS: Stories of Mutual Ministry." Presbyterian Church (USA). 28 min. Available for rental from Mennonite Mutual Aid, Educational Resources, 800-348-7468.

"Womansource HIV: A Multimedia Resource for HIV-positive Women and Their Service Providers," 1993, a three-part video resource. NCM Publishers, 200 Varick St., New York, NY 10014; 1-800-722-9292, ext. 54511.

For Canadians only

More videos about AIDS are available from MCC British Columbia, Columbia Resource Centre, 2940 Clearbrook Rd., Clearbrook, BC V2T 2Z8; phone 604-853-3567. Residents of B.C., make your requests directly to Columbia Resource Centre. Canadians from other provinces make your requests to the MCC office in your province, and they will forward your request to Columbia Resource Center.

For more information, contact:

In Canada—your local AIDS agency, health department, or Red Cross

In the U.S.—1-800-342-AIDS

AIDS National Interfaith Network
110 Maryland Ave. N.E., Ste. 504
Washington, D.C. 20002
202-546-0807

Americans for a Sound AIDS Policy
Box 17433
Washington, D.C. 20041
703-471-7350

Support network

The BMC HIV Support Network is a long-distance network for Brethren and Mennonite men and women with HIV and AIDS. Contact LaDell Gautsche, coordinator, 825 Delaware St. #7, Denver CO 80204; phone 303-893-9143. Confidentiality respected. This network is coordinated through BMC, the Brethren/Mennonite Council for Lesbian and Gay Concerns, whose offices are in Minneapolis.

Letter

I have been an interested reader of *Women's Concerns Report* for many years and appreciate the emphasis it provides on seeing things as they really are. I especially give credit this month [Nov.-Dec. 1995] to "Two sides to every story" by Dennette Alwine, as well as the CEE press release that followed, and Margaret Metzler's article. We need to be reminded that what we hear from the press is only part of any story.

—Faye Nyce, Lancaster, Pa.

Illustrations in this issue were drawn by Teresa Pankratz of Chicago. Please do not reproduce without permission.

News and verbs

Lorraine Stutzman Amstutz is currently working on an interview project of **women who have given their children up for adoption**. If you would have interest in sharing your story, or the name of someone who would be interested in talking to Lorraine, please contact her at 2501 Allentown Road, Quakertown, PA 18951. E-mail amstutz@fast.net. Lorraine is part-time staff person with MCC U.S. Peace and Justice Ministries.

Ruth Wallace of Ontario is new associate dean of students at **Bethany Bible Institute** in Hepburn, Sask.

WOMEN'S CONCERNS REPORT is published bimonthly by the MCC Committees on Women's Concerns. We believe that Jesus Christ teaches equality of all persons. By sharing information and ideas, the committees strive to promote new relationships and corresponding supporting structures through which women and men can grow toward wholeness and mutuality. Articles and views presented in REPORT do not necessarily reflect official positions of the Committees on Women's Concerns.

WOMEN'S CONCERNS REPORT is edited by Kristina Mast Burnett. Layout by Beth Oberholtzer.

Subscription cost is \$12 U.S./\$15 Cdn. for one year or \$20 U.S./\$25 Cdn. for two years. Send all subscriptions, correspondence and address changes to Editor, MCC Women's Concerns, P.O. Box 500, Akron, PA 17501-0500; telephone 717-859-3889; fax 717-859-3875. Canadian subscribers may pay in Canadian currency.

This newsletter is printed on recycled paper.

Ana C. Zorilla is new **director of MCC Visitor Exchange Programs** in Akron, Pa. Ana has lived in Fresno, Calif., and just completed an MCC assignment in Bolivia.

The Cincinnati (Ohio) Mennonite Fellowship held its **third biennial Mennonite Arts Weekend**, "The Body in Art and Spirituality," Feb. 2-4. Presenters included poets, visual artists and musicians.

"Une image fragmentée," the **French-language equivalent of the MCC Purple Packet on wife abuse**, along with information on child sexual abuse, has been produced by MCC Quebec. Copies are available from MCC Quebec or MCC Women's Concerns.

"Expanding the Circle of Caring: **Ministering to family members of survivors and perpetrators of sexual abuse**" is a new abuse booklet produced by MCC Women's Concerns. Cost is \$5U.S./\$7Cdn. Other booklets/packets on abuse by MCC focus on wife abuse, child sexual abuse, sexual abuse by professionals, and worship resources on abuse. Contact Women's Concerns for a complete listing and order information.

We welcome your submissions to "News and verbs." This column features a wide variety of news about the interests and activities of Mennonite and Brethren in Christ women. We welcome news about groups and individuals.



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